



Tobacco Education and Prevention Program

be tobacco free

Sponsorship/Event Name: _____

Date of Event: _____

Requested By:

Organization: _____

Name: _____

Email: _____ **Phone:** _____

Amount Requesting: _____

(Note: the maximum amount of request for any one event is \$5,000)

IMPORTANT DISCLAIMER: *To be considered for sponsorship from ADHS TEPP, your event can not be sponsored by or receive funding from tobacco companies.*

Request for Sponsorship

The Arizona Department of Health Services Tobacco Education and Prevention Program (ADHS TEPP) announces sponsorship opportunities for events in your community. The sponsorship can be used for and not limited to, community conferences, special events, promotions and health fairs.

Process

- Submit a request no less than six months prior to the event and based on the calendar of:
 - Request for Sponsorship for the months July – December 2007 are due no later than June 8, 2007.
 - Request for Sponsorship for the months January – June 2008 are due no later than November 1, 2007.
- The tribal, local program, and/or county program should be involved in planning and implementing the event, except where the cultural event may be closed to the public.
- Fill out the “Sponsorship Worksheet” and this page and submit by the deadline. Forms are available at www.betobaccofree.org
- This form and a “Sponsorship Worksheet” are required by all applicants for sponsorship regardless of sponsorship amount..
- Please note ADHS TEPP may approve full or partial sponsorship amounts. Sponsorships will be limited to \$5,000 per event.
- A history of previous support or past submission of the application does not indicate or guarantee future sponsorship.
- Once a review of all applicants has been completed, sponsored events will be notified of their pending sponsorship and all paperwork will be processed.

Arizona Department of Health Services Tobacco Education and Prevention Program Sponsorship Worksheet

Office, Program or Bureau contact regarding this sponsorship:	Name: _____ Phone number/extension: _____
Target audience:	(Provide as much demographic information about the potential audience as possible; especially as it pertains to your program goals; for example if one of your goals is to target children, provide estimate of children that will be in attendance)
Event Goal	Which tobacco priority area(s) does this activity fall under? <input type="checkbox"/> Tobacco use prevention <input type="checkbox"/> Promotion of cessation services <input type="checkbox"/> Secondhand smoke awareness <input type="checkbox"/> Chew tobacco prevention or cessation
Estimated number of people in attendance:	(Attendance last year/estimated attendance this year)
Purpose	(What program goal is accomplished by participation as a sponsor?)
Event logistics	(If multiple dates, times, or locations, please list all but separate by date) Date: Time: Location (include address):
List all co-sponsors of the event...	(List all partners, co-sponsors, counties, etc. that are involved with the event)
Sponsorship cost	(Provide the financial commitment associated with the sponsorship; if none, write Not Applicable) \$ _____

Staff obligations	<p>(If a staff member(s) are to work at a table or provide a presentation at the event; list all staff required to work the event; if staff are attending to be at a sponsored table or are receiving sponsored tickets to an event; list here the names of people to attend the event as part of the sponsorship)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ </div> <div style="width: 45%;"> 7) _____ 8) _____ 9) _____ 10) _____ 11) _____ 12) _____ </div> </div>
Marketing/Advertising/Media	<p>(list all agendas, programs, advertisements, promotional items etc. that will producedl)</p> <p><u>Sponsor will provide the following items to ADHS:</u></p> <p><u>ADHS must provide the following items to the Sponsor:</u></p>

ADHS Assistant Director Public Health or designee
Signature of Approval

Date